

**New Jersey City University
Assignment Sheet**

| EMPLOYEE INFORMATION | | (CHECK ONE) TYPE OF EMPLOYEE | SEMESTER TERM |
|----------------------|--|------------------------------|---------------|
| NAME | | - FACULTY | |
| ADDRESS | | | |
| Gothic ID | | | |

| Department / Grant Name | Department/Grant # (IA account #) | | Course Reference # (if any) | Course title or assignment description | Time, Day and Location of meeting | ORIGINAL (O) REVISION (R) ADDITION (A) DELETION (D) |
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| Rate Per Teach. Credit | | Total Credits | | Total Compensation | | |
| Additional Amount | | Deletion Amount | | New Total | | |

****REQUIRED SIGNATURES FOR PROCESSING IN SEQUENTIAL ORDER****

1. Dept. Chair/Director/Grant Director _____ Date _____

4. Grant Accountant _____ Date _____

2. Dean _____ Date _____

5. Vice President _____ Date _____

3. Grants Administration Office _____ Date _____